	1	(Column 1)	• • • •		10	798,621
	BASIC FEE		(Column 2)	SMALL ENTITY		
	(37 OFR 1.16/a))	NUMBER FILED	NUMBER EXTRA	J CC CHILLY	· OR · · OT	HER THAN
٠,	TOTAL CLASS		- CATHA	RATE	J SM/	ALL ENTIT
	137 CHR 1.16(cl)			FEE	RATE	
	(37 CFR 1.16(b))	minus 20 = -		1 05/3	OR	· FR
		minus 3 =		x s 25 =		5
	MULTIPLE DEPENDENT CLAR	1805.05		x s 100=	$\sqrt{\frac{1}{20}}$ OR $\sqrt{\frac{1}{20}}$	
	· If the difference	THESENT . (37 CFR 1.	.16(0)]		OR x 5 200	1
.	If the difference in column 1	s less than zero, enter to:		+ 5.180	-	1
- 1	CLAIMS .	10.4.	columů 5	FOTAL	OR +360	1 1
- 1		AS AMENDED - PART	rπ.	012	OR TOTAL	1
-	(Colum				JAIO	
- 1	«121 CLAIR	(Colur				1
- 1	THOT REMAIN	HIGHE HIGHE	ST	SMALL ENTITY	OR OTHER	
- 1	Z AMENON	MENT   PREVIOU	ISIV COOL	RATE 100	SMALL	ENTIN
. [ ]	(3) CER (.16(c)) 52	PAIDF	OR	ADDI. FIONAL	RATE	
15	II (31 CFR 1.16/b)	Minus 28	24	x s 25 = 1000		ACH TIONL
{	E GOST S		=	400	OR x 50 =	FØ
-	T. MST PRESENTATION OF MU	LTIPLE DEPENDENT CLAIM (		x s 100=		_ 1
-		COM (	37 CFR 1.16(d))	+ s (80)=	OR x 5 200	
- 1				TOTAL	OR (+536)	
. 8	(Column 1)	(Column		400'C FEE 600	TOTAL	
	1 . T SOMMS	- HIGHEST			ADO'C FEE	
ĮΨ	AFTER AMENDMEN	NUMBER	PRESENT	RATE		
ENDMENT	DI OFFI LIGOI	Minus PAID FOR	Y EXTRA	ADOI. TIONAL	RATE	
E Z	Adependent AT CFR (1666)		-	× s 25 = FEE	1 1	ADDI FIONAL
AM		· Minus ···			-	FEE
-	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			(s100=	DR x 50=	
1		(37 c	CFR 1.16(d)) +	s 180=	DR. X 5 200	
1	•		T	OTAL	R +360	
O	(Column 1)	(Column 2)		DO L FEE	TOTAL	
	CLAIMS . REMAINING	HIGHEST	(Column 3)		R ADD'L FEE	
1 5	AFTER	HUMBER	PRESENT	RATE		
ENDMENT	TotalCROMENT	Minus PAID FOR	EXTRA	TIONAL	RATE	
	ndépendent		= -	FEE	AC TIO	101. NAL
AK .	WORK LIEGH	Minus		20	FE	E
-	IRST PRESENTATION OF MULTIPL	E DEPENDENT	L × s	100. OR		1
T FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (3) CFR (.16(d))  + \$\frac{100}{5\80}  OR   \ks\frac{50}{2}						
* 1C	the				+ 360.	
This collection of information is required to Intelligence of the state of the stat						

If the Highest Number Previously Paid For IN THIS SPACE is less than 20, enter '20'.

The Highest Number Previously Paid For IN THIS SPACE is less than 3, enter '3'.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is for including gathering, preparing, and submitting the completed application form to the USPTO, Time will vary depending upon the individual case, Any complete, ADDRESS, SEND TO: Commits and or retain a bone of the individual case, Any comments ADDRESS, SEND TO: Commits and Tademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 223113-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS